MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 1087/347
FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				IND	DEP	IND	DEP	IND	DEP
	IND	DEP	IND	DEP	IND	DEP								
1	/						51							
2		1					52							
3		/					53							
4		/					54							
5		/					55							
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42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	2						TOTAL IND.							
TOTAL DEP.	18						TOTAL DEP.							
TOTAL CLAIMS	20						TOTAL CLAIMS							